

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John D. Moore M.D.**

Mailing Address 3200 Deutsch Crest Dr

City

Washington

State

MO

Zip Code

63090-6717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St John's Mercy Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2014

Transaction ID : C2720270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Caroline Morris M.D.**

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

04 / 29 / 2014

Transaction ID : C2722854

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

**C. Jason E. Morris M.D.**

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138-5723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

04 / 29 / 2014

Transaction ID : C2722853

Amount of Each Receipt this Period

83.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

666.60